MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5		1				
6						
7						
8						
9		1				
10		1				
11		1				
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50						
TOTAL IND.	5					
TOTAL DEP.	17					
TOTAL CLAIMS	22					

		IND	DEP	IND	DEP	IND	DEP
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							